

Amendments to the Specification:

Please replace the paragraph beginning at page 13, line 11 with the following rewritten paragraph:

C<sub>1</sub>

Referring to Figs. 1 and 2, the connection section 16 also provides for anchoring the catheter 10 to the patient. One or more implant cuffs 46, 48 on the connection section 16 anchor the catheter 10 to the patient. The implant cuffs 46, 48 can be polyester felt or other material which allows tissue ingrowth into the cuffs. The catheter 10 is implanted into the patient with the cuff 46 positioned just below the patient's skin and the cuff 48 imbedded in the patient's rectus muscle. The subcutaneous tissue grows into the implant cuffs 46, 48 to anchor the catheter 10 to the patient. When the catheter 10 is implanted inside of a patient, the portion of the catheter 10 from the external catheter end 24 close to the cuff 46 is external to the patient, and is called an external patient portion 50. The remainder of the catheter 10 is implanted inside of the patient and is called an implantable portion 52. As shown in Fig. 1, the implantable portion 52 has a generally non-linear shape, although portions of the implantable portion 52 ~~may~~ may be substantially linear.

Please replace the paragraph beginning at page 23, line 7 with the following rewritten paragraph:

C<sub>2</sub>

8. Once the catheter tip (distal end 32), coiled or straight embodiments, is properly located low in the pelvis, the stylet 118 ~~is~~ removed another 10 cm while advancing the catheter 10 inward by the same amount. At this point the stylet 118 should remain fixed while advancing the catheter 10 all the way into the peritoneum 122 until the distal cuff 48 is seated firmly in the rectus muscle 110 but not protruding into the peritoneum 122.